

Name
in
Full

George Edward Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY

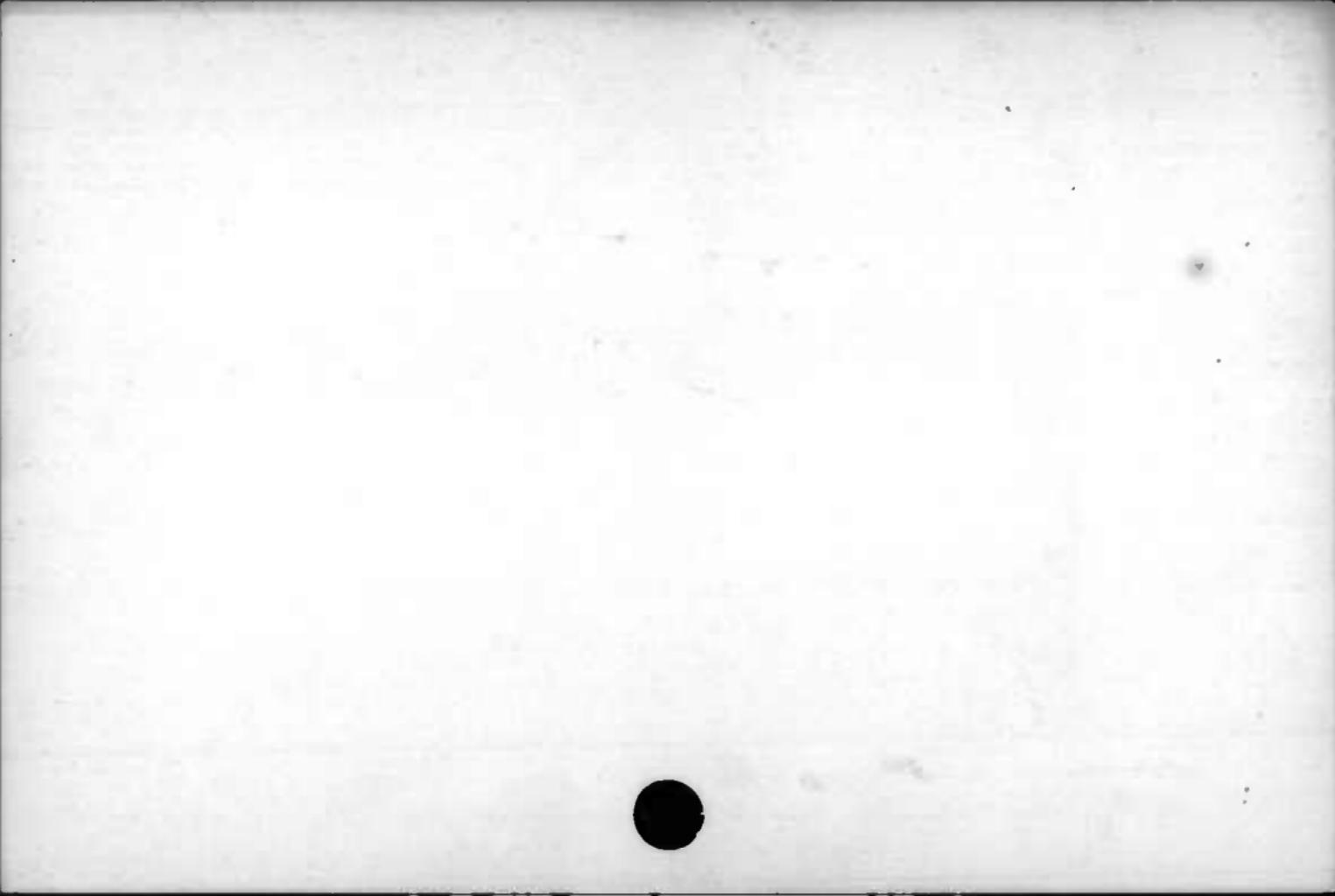
NEAREST FRIEND

Died at	Westtown		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place		
Married, Single or Widowed			Occupation	Farm Laborer.		
Name of Wife or Husband						
Father's Name	unknown -		8	Father's Birthplace	unknown	
Mother's Maiden Name	unknown			Mother's Birthplace	"	
Name of person giving information	Mrs. Susby.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhipneumonia		How long	2 weeks
Immediate	septicemia		How long	1 day
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		Frank W. Smith M.D.	
Reared in Orphanage	Address		311 Lee	
Accident or Suicide?				



Name
in
Full

Mabel G. Carlisle

CERTIFICATE OF DEATH

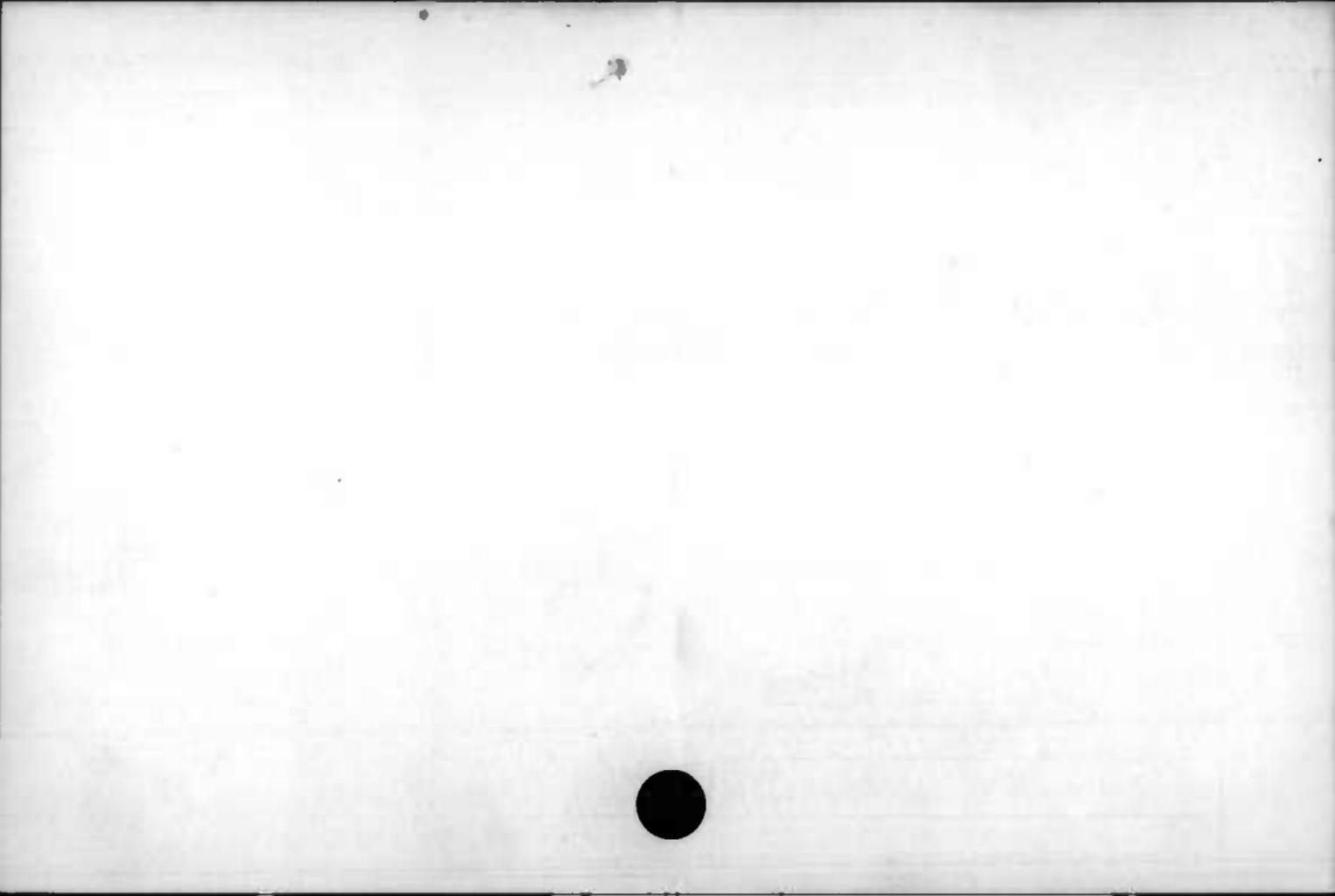
To BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at <u>Willingboro</u>	<u>Perry</u>	Age <u>63</u>	Months <u>3</u>	Days <u>2</u>
Date of death 190 <u>3</u>	Month <u>11</u>	Day <u>6</u>	Years	
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Willingboro</u>		
Married, Single, or Widowed <u>Single</u>	Occupation <u>Homemaker</u>			
Name of Wife or Husband				
Father's Name <u>John Frank Carlisle</u>	Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Olivia Ross</u>	Mother's Birthplace <u>Md</u>			
Name of person giving information <u>93</u>	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long
Immediate <u>Pneumonia</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr J W Jacob</u> Address <u>Willingboro Md</u>
Accident or Suicide? <u>None</u>	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH					
Died at <u>Worton</u> town			County <u>Kent</u>		MARYLAND
Date of death <u>1903</u>	Month <u>Nov</u>	Day <u>27</u>	Age <u>82</u>	Years	Months <u>-</u> Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>			
Occupation <u>Retired</u>	Where Residing if not at place of death <u>Ind</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Mary A Carter</u>				
Father's Name <u>Leviell Fogwell</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Ind</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving Information <u>Otho Fogwell Jr</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia

How long 3 days

Immediate 1

How long 4

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John S. Neasey
Hancock St.

Accident or Suicide?



Collected



Name
in
Full

Annie Maria D'yneson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Mary Choptankville	Kent			
Date of death 1903	Month Nov	Day 22	Years 17	Months	Days
Sex Female	Color or Race Black	Birth-place Kent Co. Md			
Married, Single or Widowed Single	Occupation House work				
Name of Wife or Husband —					
Father's Name Mrs. D'yneson	Father's Birthplace Kent Co Md				
Mother's Maiden Name Rachel Ann Sampson	Mother's Birthplace Kent Co Md				
Name of person giving Information Mrs. D'yneson	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption
coughing

How long

two years

immediate

How long

Are the name, age, sex, color, date and place correctly given above?

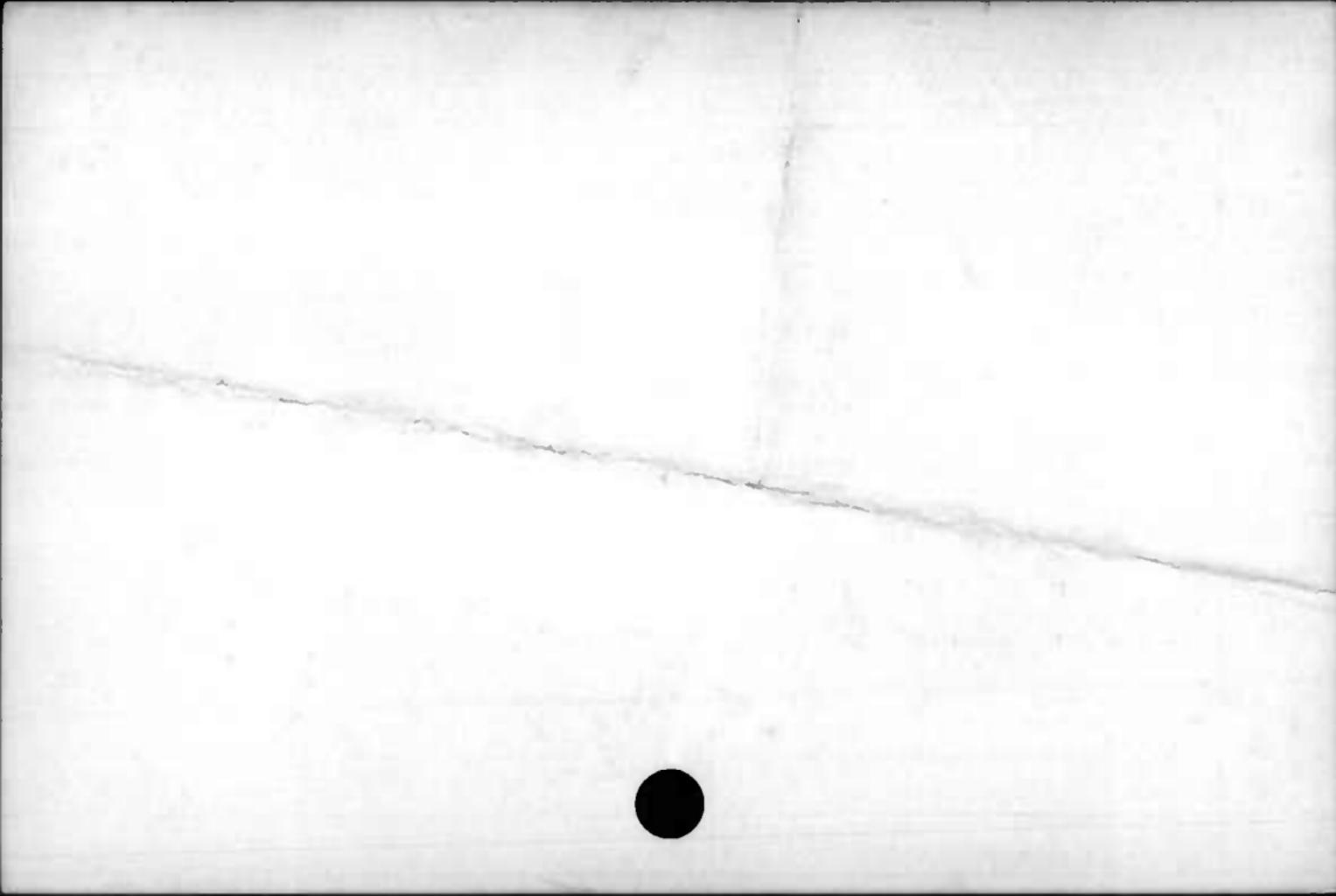
yes

Signature of Physician

Address

S. J. Barnick MD
Kennedyville
Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Georgeanna Johnson.

Died at

Town
Lankford

County
Kent

CERTIFICATE OF DEATH

MARYLAND

Date
of death 1903

Month
Nov.

Day
27

Years
about 50

Months

Days

Sex

Female

Color or
Race
Colored

Birth-
place

Don't know

Married, Single
or Widowed

Married

Occupation

Housewife

Name of Wife or
Husband

Samuel Johnson

Father's
Name

Henry Legarson

Father's
Birthplace

Don't know

Mother's
Maiden Name

Martha Legarson

Mother's
Birthplace

Don't know

Name of person giving
Information

Lively

How related
to deceased

Don't know

CAUSES OF DEATH

Primary

Embalid

How long

5 Years

Immediate

Paralysis

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

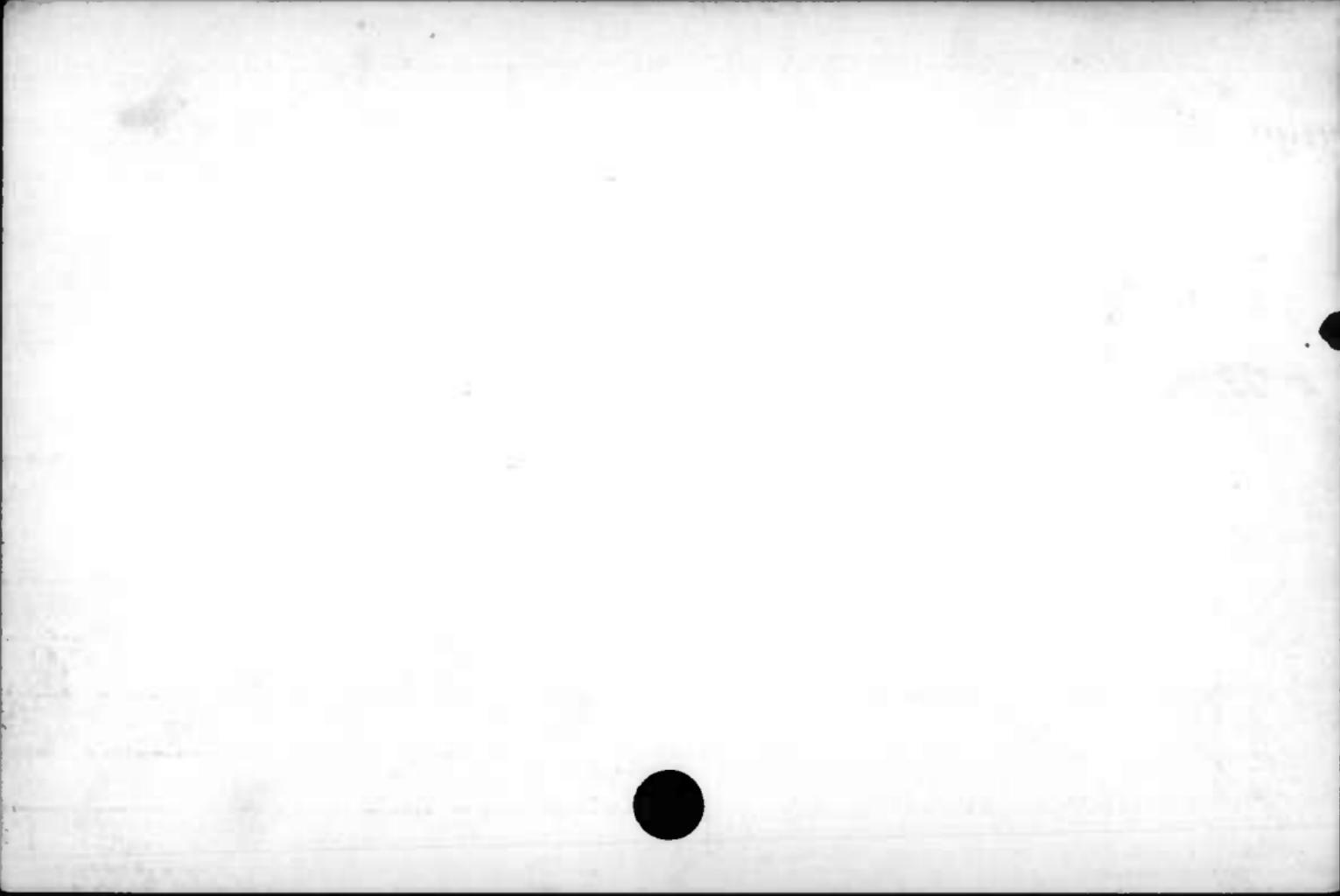
Signature of
Physician

J. B. Brings Simmons, M.D.

Address

Accident or Suicide?

I saw this woman once on
when I was called - had today at her funeral. BUREAU A88516



Name
in
Full

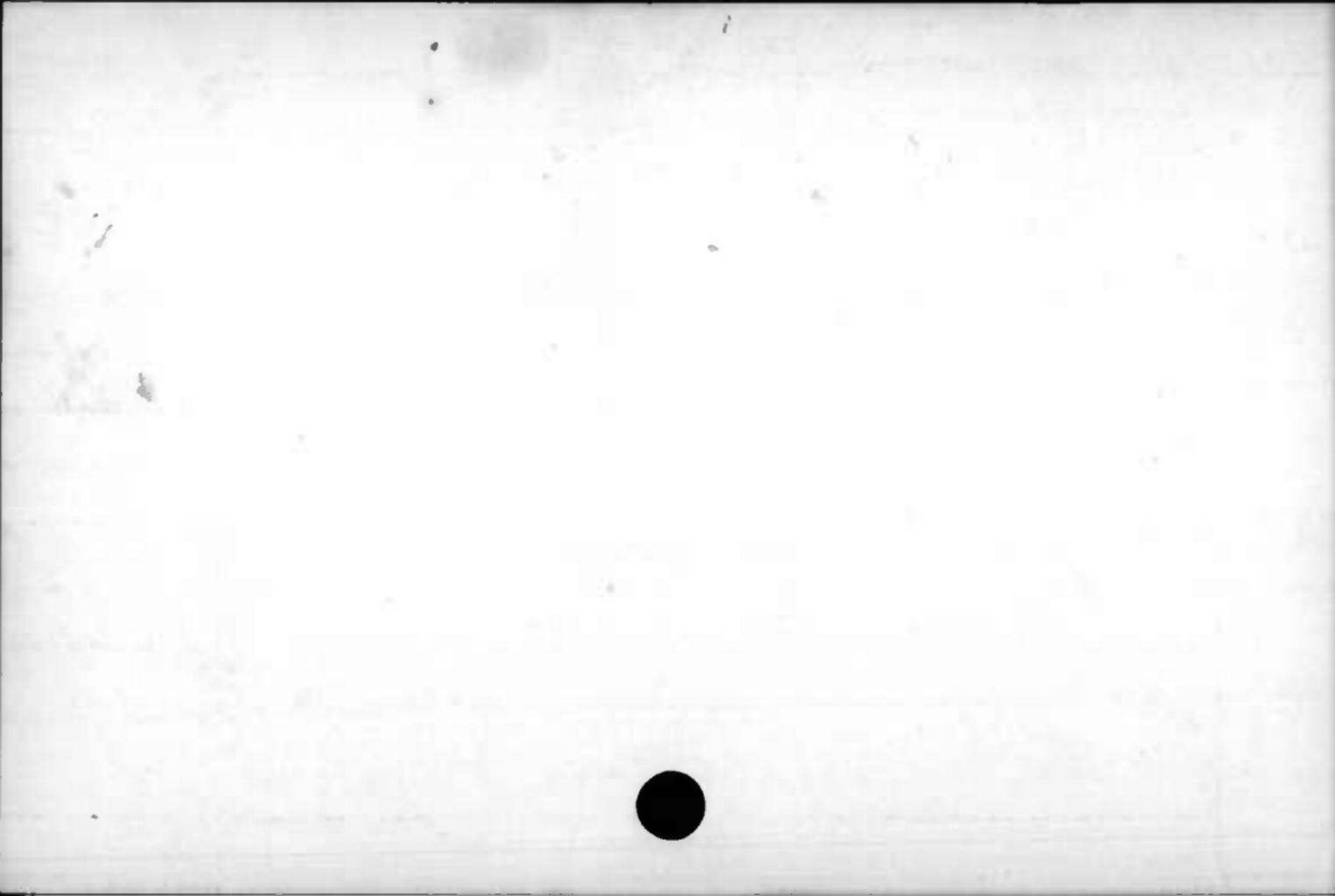
TO BE ANSWERED BY
NEAREST FRIEND

Joseph Judifind						CERTIFICATE OF DEATH	
Died at	Town	County		MARYLAND			
Date of death 1903	Month Nov.	Day 19	Years —	Months 20	Days —		
Sex Male	Color or Race White	Occupation		Kent Co			
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name	Joseph Judifind		Kent Co.				
Mother's Maiden Name	Ella Colenon		Kent Co				
Name of person giving information	Joseph Judifind		Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Membranous Croup		How long	3 hours
Immediate	Exhaustion		How long	one hour
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. D. Selby M.D.
			Address	Rock Hall, Kent Co.
Accident or Suicide?				



Name
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Full

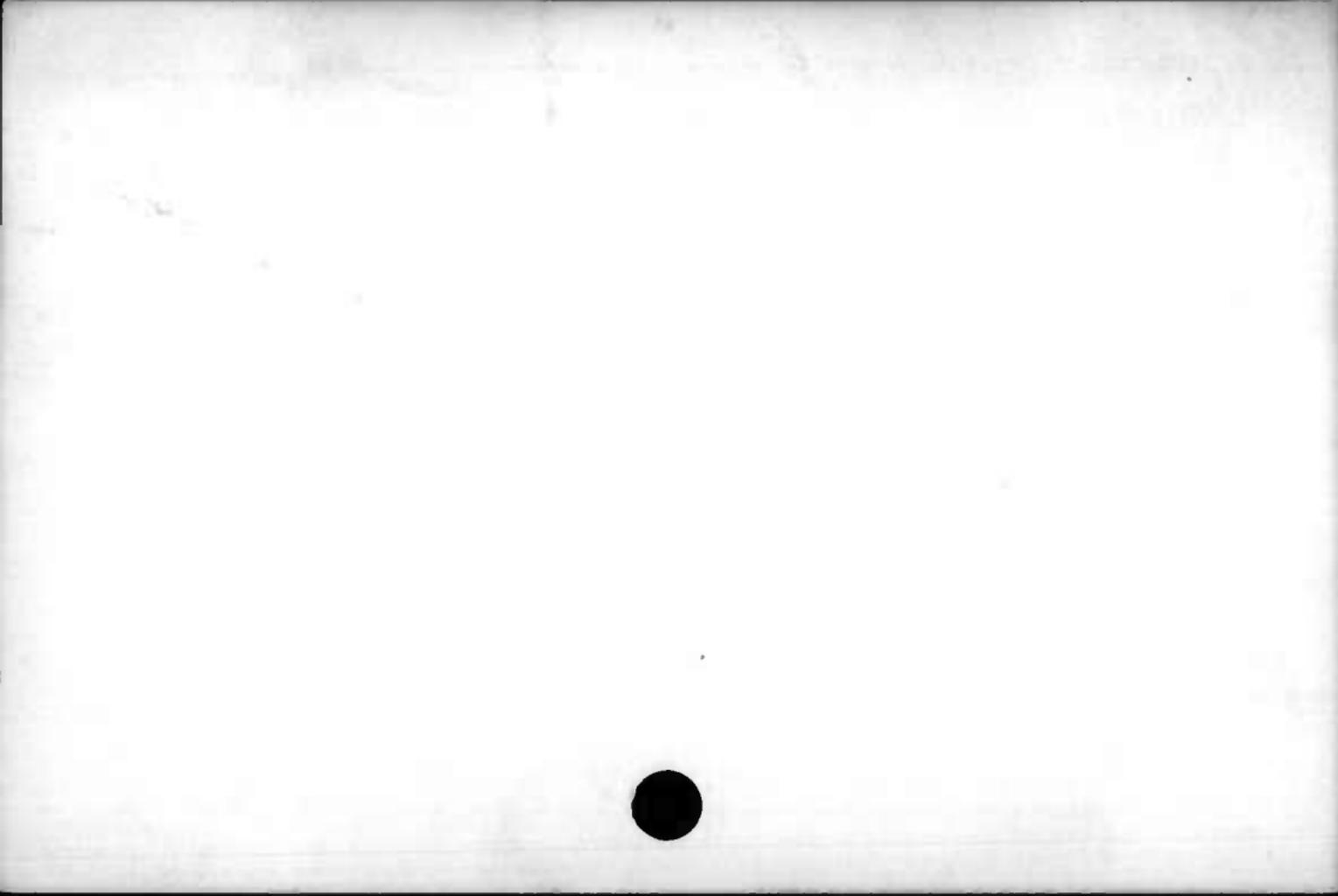
TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Chesterlown</u>			County <u>Kent</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Nov.</u>	Day <u>11</u>	Years	Age <u>still born</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>		Occupation		Birth-place <u>Chesterlown</u>	
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	<u>James L. De Gales</u>			Father's Birthplace		<u>Md.</u>
Mother's Maiden Name	<u>Maggie Burris S</u>			Mother's Birthplace		<u>Md.</u>
Name of person giving information	<u>J. L. De Gales</u>			How related to deceased		<u>Father</u>
CAUSES OF DEATH						
Primary	<u>still born</u>			How long		<u>—</u>
Immediate	<u>—</u>			How long		<u>—</u>
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
<u>Yes</u>				<u>Hobart Simms M.D.</u>		
				Address		
				<u>Chesterlown</u>		

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Samuel Mallalieu

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Age	Birth- place			
Married, Single or Widowed	Married	Occupation		Linen Slacks			
Name of Wife or Husband							
Father's Name	64						
Mother's Maiden Name							
Name of person giving Information	How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Ago. Blusey

How long

20 minutes

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

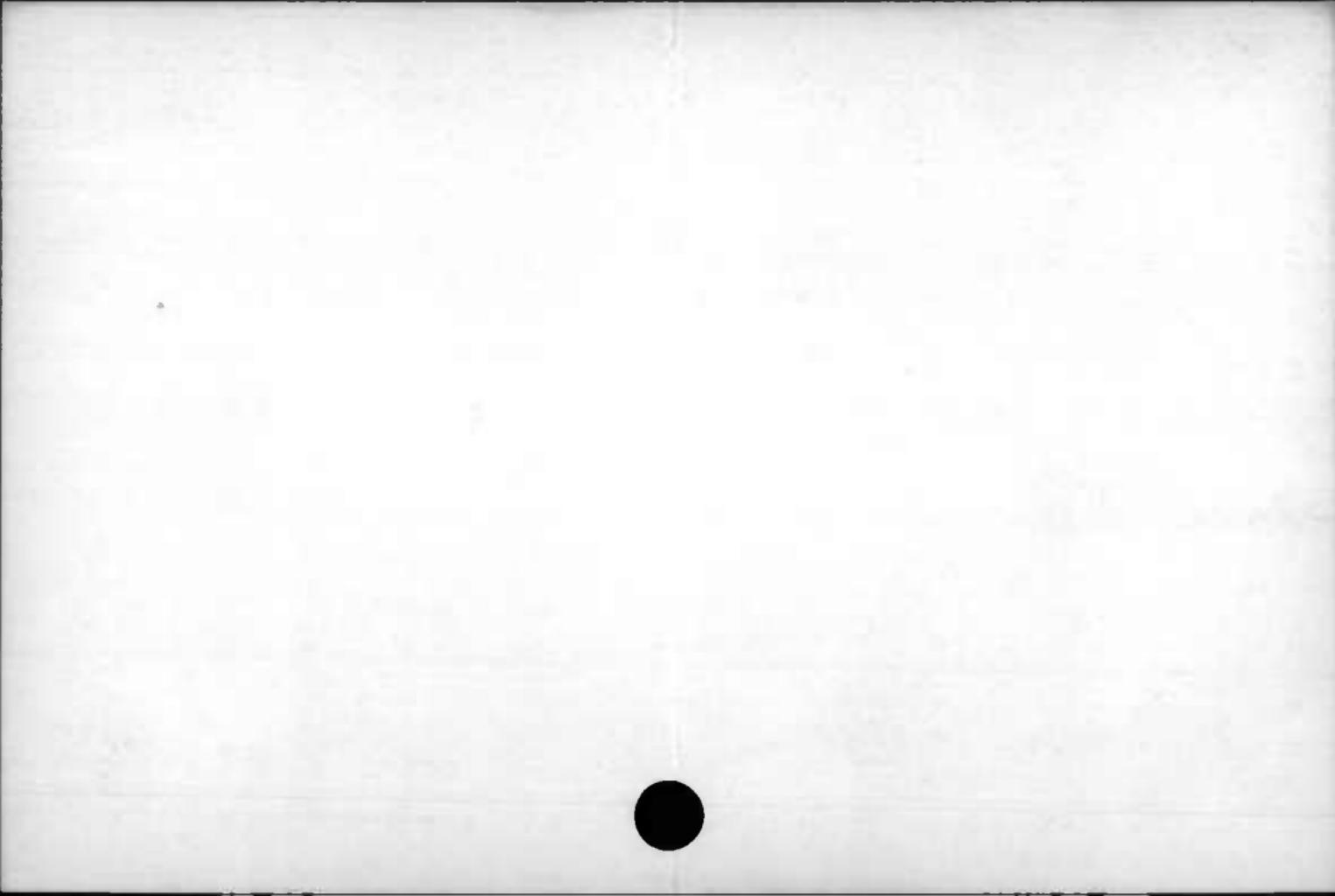
Signature of
Physician

Address

n County

residence
2nd

Accident or Suicide?



Name
in
Full

Richard D. Howland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month Nov	Day 22	Years 55	Months 11	Days 2	
Sex Male	Color or Race white	Birth-place Kent Is. S. d.				
Married, Single or Widowed Single	Occupation Farmer					
Name of Wife or Husband						
Father's Name	John Howland 27					
Mother's Maiden Name	Sarah A. Colverman					
Name of person giving Information	Mary E. Howland					
Father's Birthplace	Cecil Co. Md.					
Mother's Birthplace	Baltimore, Md.					
How related to deceased	Sister					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Tuberculosis	How long	10 years
	Immediate	Pneumonia followed by Paralysis	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. N. Sheppard, M.D.	
		Address	Brumpton Md	
Accident or Suicide?				



Name
in
Full

Robert Oscar Rash

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Kent County		MARYLAND	
Died at Synder	Month Nov	Day 5	Years 1	Months 1
Date of death 1903	Age 1	Color or Race White	Birth-place Ark	Days -
Sex Male	Occupation			Where Residing if not at place of death -
Married, Single or Widowed Single	Name of Wife or Husband		Father's Name Robert Rash	Father's Birthplace Md
Mother's Maiden Name Bella Walbert	61		Mother's Birthplace Md	How related to deceased friend
Name of person giving information Ida Becht				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Meningitis	How long one week.
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician Dr. S. Maxwell.
	Address Still Pond, Md.
Accident or Suicide?	



Name
in
Full

Sarah E. Wilmer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	20	10 10
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Husband	John Wilmer	
Father's Name	Alexander Brooks			
Mother's Maiden Name	Elizabeth Thomas			
Name of person giving information	John Wilmer			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis.		How long
Immediate			one year.
Are the name, age, sex, color, date and place correctly given above?	Yes,	Signature of Physician	Wm. S. Maxwell,
		Address	Slitt Pond, Md.
Accident or Suicide?			

Colemani

Name
in
Full

Celia A Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Died at	Calverton	Hurst				
Date of death	1903 Nov	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Pelt		10	3
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Alexander Wilson			104	Father's Birthplace	md
Mother's Maiden Name	Quine	Wilson			Mother's Birthplace	md
Name of person giving information	Alex	Wilson			How related to deceased	father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Indigestion.	How long
Immediate	Convulsions.	How long 24 hours.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Wm S. Maxwell,
Still Pond, Md.

Accident or Suicide?

coleman